

Registration District No. **395**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3215 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether
In this community **12 Years**
years, months or days)

3. (a) PRINT FULL NAME **Andy M. Colson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Lou Colson** 6. (c) Age of husband or wife if alive **-----** years
7. Birth date of deceased **April 6th.** **1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 **6** **3** **hr.** **min.**

9. Birthplace **Ky. - 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Minister**

11. Industry or business

MOTHER FATHER { 12. Name **Jackson**
13. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Albert R. McCormack**

(b) Address **2822 Troost**

17. (a) **Removal** (b) Date thereof **10/10/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Burial**

18. (a) Signature of funeral director **Mrs. E. L. Foster**
(b) Address **B. C. No**

19. (a) **10/9/41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3215 Campbell**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **9th.**
year **1941** hour **4 P.** minute **4 P.**

21. I hereby certify that I attended the deceased from **Oct 9** to **Oct 9**, 19**41**,
that I last saw him alive on **Oct 9**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis Acute**
Malnutrition

Due to **Chronic Bronchitis** **10/6/41**

Due to **Bronchiectasis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **10/6/41**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **---**
(b) Date of occurrence **---**
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury **---**

23. Signature **L. A. Gering** (M. D. or other) **0**
Address **303 W. 11th St. Bldg** Date signed **10-9-41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2570

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.